COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER P8305US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

•	NMR SPECT	ROMETER WIT	rh GRIPPIN	G DEVICE F	OR HANDLING		
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the specif	ication of which (check only one ite	m below):				
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Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER P8305US

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. BENEFIT UNDER 35 U.S.C. 120 STATUS (Check one) U.S. APPLICATIONS ABANDONED PENDING PATENTED U.S. FILING DATE U.S. APPLICATION NUMBER PCT APPLICATIONS DESIGNATING THE U.S. U.S. SERIAL NUMBERS ASSIGNED (If any) PCT FILING DATE PCT APPLICATION NUMBER

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Paul J. Vincent Reg. No. 37,461

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	FULL NAME OF INVENTOR	FAMILY NAME TSCHIRKY	FIRST GIVEN NAME Hansjörg	SECOND GIVEN NAME	
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٧	POST OFFICE ADDRESS	POST OFFICE ADDRESS Kunstmattring 15	CH-4107 Ettingen	STATE & ZIP CODE/COUNTRY Switzerland	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
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	ADDRESS FULL NAME	FAMILY NAME	FIRST GIVEN NAME		
203	OF INVENTOR	спу	STATE OR FOREIGN COUNTRY		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		

I hereby declare under penalty of perjury under the laws of the United States of America that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
PTO 1391	Page 2 of 2	U.S. DEPARTMENT OF COMMERCE - Patent and Trademark Office